

# EXHIBIT C



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <i>Lawrence H. Tengan &amp; Lorraine K. Tengan</i>	Case Number <b>06-10725-LBR</b>		
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers        This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503</p>			
<b>Name of Creditor and Address</b>  11321241001182 LAWRENCE H TENGAN & LORRAINE K TENGAN REVOCABLE TRUST C/O LAWRENCE H TENGAN & LORRAINE K TENGAN TRUSTEE 504 EDGEFIELD RIDGE PL HENDERSON NV 89012-4543  <i>Telephone (702) 645-4284</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Creditor Telephone Number ( )		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <i>See Exhibit A</i>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 DATE DEBT WAS INCURRED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
<b>UNSECURED NONPRIORITY CLAIM \$ 253,262.45</b> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <i>Unknown</i> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <i>3,262.45</i>			
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			
<b>5 TOTAL AMOUNT OF CLAIM \$ 253,262.45</b> \$ <i>253,262.45</i> \$ <i>253,262.45</i> \$ <i>253,262.45</i> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo CA 90245-0911		<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
DATE <i>1/10/07</i>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Lawrence H. Tengan, Trustee, Lorraine K. Tengan, Trustee</i>		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571			

 UAC 1C  
  
 1072502174

FILED JAN 12 2007

## PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

## NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address



11321242036713

LEVY, ROBERT  
2115 BENSLEY ST  
HENDERSON NV 89044

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

Check box if this address differs from the address on the envelope sent to you by the court

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

## Creditor Telephone Number ( )

Last four digits of account or other number by which creditor identifies debtor

FD # 3061

Check here  replaces  
if this claim  or  
 amends

a previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes
<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries and compensation (fill out below)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

Unremitted principal

Other claims against servicer (not for loan balances)

(date) (date)

2 DATE DEBT WAS INCURRED *See attached*

## 3 IF COURT JUDGMENT, DATE OBTAINED

## 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

## SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 100,000

Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ 200,000 \$ 200,000

(unsecured)

(secured)

(priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P.O. Box 911

El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 09 2006

USA CMC



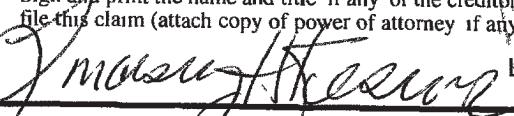
1072500495

DATE  
9/21/06

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

ROBERT E. LEVY Robert E. Levy

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor	USA Commercial Mortgage Company	Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) First Savings Bank Custodian for LINDSEY H KESLER JR IRA		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent Lindsey H Kesler Jr 4847 Damon Circle Salt Lake City UT Telephone number 801-277-3752		THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor 7256		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes See Exhibit A <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 Date debt was incurred</b> 10/18/2005		<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations <b>Unsecured Nonpriority Claim \$ 258,784.59</b>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3,784.59	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<b>5 Total Amount of Claim at Time Case Filed</b> \$ 258,784.59		(unsecured) 258,784.59 (secured) (priority) 784,784.59 (Total)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim			
Date 01/09/07	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Lindsey H. Kesler, Jr.		
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U			
		 USA CMC 1072502057	

FILED JAN 11 2007

		PROOF OF CLAIM		
Name of Debtor U S A COMMERCIAL MORTGAGE COMPANY	Case Number 06-10725-LBR			
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.		
<b>Name of Creditor and Address</b> <i>LOUISE TEETER IRA ROLLOVER 4201 VIA MARINA, STE 300 MARINA DEL REY, CA 90292-5237</i>		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>		
<b>Creditor Telephone Number</b> <i>(701) 823-2234</i> <b>Last four digits of account or other number by which creditor identifies debtor</b> <i>3307</i>		Check here <input type="checkbox"/> replaces <small>if this claim</small> <input type="checkbox"/> or <small>a previously filed claim dated _____</small> <input type="checkbox"/> amends		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Unremitted principal <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <small>See Exhibit A</small> <input type="checkbox"/> Other claims against servicer (not for loan balances) <small>Last four digits of your SS #: _____</small> <small>Unpaid compensation for services performed from _____ to _____ (date) (date)</small>				
<b>2 DATE DEBT WAS INCURRED</b> <i>12/16/2002</i>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>		
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations.</small>				
<b>UNSECURED NONPRIORITY CLAIM</b> \$ <i>449,261.59</i> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.				
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief description of collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <b>Value of Collateral</b> \$ <i>UNKNOWN</i> <b>Amount of arrearage and other charges at time case filed included in secured claim, if any</b> \$ <i>7504.50</i>				
<input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)				
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ <i>449,261.59</i> \$ <i>449,261.59</i> \$ <i>449,261.59</i> <small>AT TIME CASE FILED (unsecured) (secured) (priority) (Total)</small>				
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim				
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary				
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			<b>THIS SPACE FOR COURT USE ONLY</b>	
<small>BY MAIL TO</small> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo CA 90245-0911			<small>BY HAND OR OVERNIGHT DELIVERY TO:</small> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245	
<b>DATE</b> <i>1/12/2007</i>		<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>LOUISE TEETER IRA ROLLOVER</i> <i> Louise Teeter</i>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3671

USA CMC  


1072502273

FILED JAN 12 2007

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		<b>PROOF OF CLAIM</b>	
Name of Debtor <b>USA Commercial Mortgage Company</b>	Case Number <b>06-10725-LBR</b>		
<p><b>NOTE</b> See Reverse for List of Debtors and Case Numbers          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503</p>			
<b>Name of Creditor and Address</b>  11321242034056 <b>BRECHT MARSHAL TRUST DATED 2/5/86</b> 640 COLONIAL CIRCLE FULLERTON CA 92835 <b>MARSHALL J &amp; JANET L BRECHT</b> <b>TRUSTEES</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
<b>Creditor Telephone Number (714) 992-2779</b>		<b>IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT</b>  <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
<b>THIS SPACE IS FOR COURT USE ONLY</b>			
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces _____ if this claim <input type="checkbox"/> or a previously filed claim dated _____ <input type="checkbox"/> amends _____	
<b>1 BASIS FOR CLAIM</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Wages salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ <i>SEE EXHIBIT A</i>	
<b>2 DATE DEBT WAS INCURRED</b> <u>Nov 11, 2002</u>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
<b>UNSECURED NONPRIORITY CLAIM \$ 1,709,011</b>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>SECURED CLAIM</b>			
<input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>25,305</u>			
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____) <i>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
<b>5 TOTAL AMOUNT OF CLAIM</b> \$ <u>1,709,011</u> \$ <u>1,709,011</u> \$ <u>0</u> \$ <u>1,709,011</u> AT TIME CASE FILED      (unsecured)      (secured)      (priority)      (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)			<b>THIS SPACE FOR COURT USE ONLY</b>
<b>BY MAIL TO</b> BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911			<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245
<b>DATE</b> <u>11/10/07</u>			<b>SIGN</b> and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <i>Janet L. Brecht, Trustee</i>
			<b>FILED JAN 12 2007</b> <b>USA CMC</b>  1072502178

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>		Case Number <b>06-10725-LBR</b>	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>GARY I. &amp; BARBARA MILLER TRUSTEES OF THE GARY I. &amp; BARBARA MILLER TRUST DATED 8/13/07</b></p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<p>Name and address where notices should be sent <b>GARY I. MILLER 2832 TICLOU AVE. LOS ANGELES, CALIF 90064</b> Telephone number <b>310 479 7447</b></p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<p>Last four digits of account or other number by which creditor identifies debtor</p>		<input type="checkbox"/> Check here if this claim replaces _____ <input type="checkbox"/> amends a previously filed claim dated _____	
<p>1 Basis for Claim</p> <p><input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other <b>EXHIBIT A</b></p>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<p>2 Date debt was incurred <b>MARCH 2001</b></p>		<p>3 If court judgment, date obtained</p>	
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations</p> <p><b>Unsecured Nonpriority Claim \$ 555,683.00</b></p>			
<p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority</p>		<p><b>Secured Claim</b>  <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p>	
<p><b>Unsecured Priority Claim</b>  <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p>		<p><b>Brief Description of Collateral</b>  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  <b>Value of Collateral</b> <b>UNKNOWN</b>            Amount of arrearage and other charges at time case filed included in secured claim if any <b>\$ 7383.00</b></p>	
<p>Amount entitled to priority \$ _____</p>		<p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p>	
<p>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>			
<p>5 Total Amount of Claim at Time Case Filed</p>		<p><b>\$ 555,683.00</b> <b># 555,683.00</b>            (unsecured) (secured) (priority) (Total)</p>	
<p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>			
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<p>7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>			
<p>8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>		<p><b>FILED JAN 11 2007</b></p>	
Date <b>1-8-06</b>	<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)</p> <p><b>GARY I. MILLER TRUSTEE</b></p>		

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§

USA CMC  
1072502037

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEVADA		PROOF OF CLAIM			
<b>Name of Debtor</b> <b>USA COMMERCIAL MORTGAGE COMPANY</b>		<b>Case Number</b> <b>06-10725</b>			
<b>NOTE</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.					
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property)</b> <b>MOJAVE CANYON INC</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars			
<b>Name &amp; address where notices should be sent</b> <b>JANET L CHUBB, ESQ</b> <b>JONES VARGAS</b> <b>P O BOX 281</b> <b>RENO NV 89504-0281</b> <b>Telephone number 775-786-5000</b>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case			
<b>Last four digits of account or other number by which creditor identifies debtor</b> 500953 1		<input type="checkbox"/> Check here <input type="checkbox"/> replaces If this claim <input type="checkbox"/> amends a previously filed claim dated _____			
<b>1 BASIS FOR CLAIM</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Goods sold</li> <li><input type="checkbox"/> Services performed</li> <li><input type="checkbox"/> Money loaned</li> <li><input type="checkbox"/> Personal injury/wrongful death</li> <li><input type="checkbox"/> Taxes</li> <li><input checked="" type="checkbox"/> Other <u>DEBTOR'S BREACHES (see adversary complaint)</u></li> </ul>					
<b>2 Date debt was incurred</b> <b>2003-2005</b>		<b>3 If court judgment, date obtained</b>			
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations					
<b>Unsecured Nonpriority Claim</b> \$ <u>675,000.00 + accrued interest less any postpetition payments received</u>		<b>Secured Claim.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____</li> </ul> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any _____</p>			
<b>Unsecured Priority Claim</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority</li> </ul>		<p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</li> <li><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</li> <li><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4)</li> </ul> <p>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</p>			
<b>5 Total Amount of Claim at Time Case Filed</b> \$ <u>685,000.00 +/-</u>		<b>\$</b> <small>(unsecured)</small>	<b>\$</b> <small>(secured)</small>	<b>\$</b> <small>(priority)</small>	<b>\$</b> <small>(Total)</small>
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges				<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SEE ABOVE				<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<b>7 Supporting documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<b>8 Date-stamped copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and a copy of this proof of claim.				<small>THIS SPACE IS FOR COURT USE ONLY</small>	
<b>Date</b> <b>12/11/06</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Janet L Chubb</i> <b>JANET L CHUBB, ESQ. ATTORNEY FOR CLAIMANT</b> <small>Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 15</small>			
<b>FILED DEC 11 2006</b>					
<small>USA CMC</small>					
<small>1072501691</small>					

UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEVADA		<b>PROOF OF CLAIM</b> -Chapter <input type="checkbox"/> 13 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 7 <input type="checkbox"/> Other
<b>Debtor</b> USA Commercial Mortgage Company		Case Number 06-10725-LBR  (This space for court use)
NOTE This form should NOT be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>George J Motto, individually and on behalf of his Individual Retirement Account</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name & address where notices should be sent <b>Joe Laxague, Esq Cane Clark LLP 3272 E Warm Springs Las Vegas, NV 89120 Telephone number (702) 312-6255</b>	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends      a previously filed claim, dated _____	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retire benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensation (FILL OUT BELOW) Your Social Security # _____ Unpaid compensation for services performed from _____ (date) _____ To _____ (date) _____	
<b>2 Date debt was incurred</b> varies	<b>3 If court judgment, date obtained</b>	
<b>4 Total amount of claim at time case filed</b> <u>\$550 000 00</u> , plus interest, costs, attorney's fees, and punitive damages (please see attachments)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges		
<b>5 Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other _____  Value of collateral <u>Unknown</u>  Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any  <u>Amount due in full</u>	<b>6 Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ <i>Specify the priority of the claim</i> <input type="checkbox"/> Wages salaries or commissions up to \$4,650* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier- 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal, family or household use- 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child- 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER-Specify applicable paragraph of 11 U.S.C. § 507(a)(____)	
<small>*Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of liens. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary <b>9 Date-Stamped copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim	(This space for court use)	
Date <b>11-13-06</b>   <b>John J. Laxague, Esq.</b>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <b>USA CMC</b>  1072500854	
Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 & 3571		

FILED NOV 13 2006

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <u>USA Commercial Mortgage Company</u>	Case Number <u>06-10725-LBR</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Aimee Kearns, Trustee of the Murray Trust</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Name and address where notices should be sent Aimee Kearns 5886 N Bonita Vista St Las Vegas, NV 89149 Telephone number 702-240-7162	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here <input checked="" type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated _____		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <u>See Exhibit A</u> <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2. Date debt was incurred</b> <u>10/7/05</u>	<b>3. If court judgment, date obtained</b>		
<b>4. Classification of Claim:</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations <b>Unsecured Nonpriority Claim \$364,717.94</b>			
<input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)			
<b>Brief Description of Collateral</b> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>\$UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim if any <u>\$5,518.33</u>			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
<b>5. Total Amount of Claim at Time Case Filed</b>	<u>\$364,717.94</u>	<u>\$364,717.94</u>	<u>\$364,717.94</u>
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6. Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
Date <u>1/8/07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <u>Aimee Kearns, Trustee</u>		

FILED JAN 10 2007

USA CMC



1072501998